Nonresident Withholding Annual Return   S92		YEAR								(	CALIFOR	NIA FO	RM
Power to Income Subject to Withholding (Chesk only one. Use separate forms if more than one.)			Nonreside	nt Withho	lding Ann	ual Retur	'n						
Section A1 Independent contractors, rests, repulses, settless, trusts, demostic neresistent persenterhimathers, and other settless, press (2c) astanched for each recipion*. There mode 2c information on anticurbatility and present present present presentations are considered magnetic needs. See separate instructions for Forms 592, 592-A, and 592-85.  Park 1. Witholding Agent (Payer)  Address (number and street)  PARK 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  Address (number and street)  Park 1. Witholding Agent (Payer)  I collad and park (Payer)  I co							on both S	Social se	curity nu	mber or P	TIN of w	ithhold a	agent
Deck on box			• •	•			her entities.	Califo	rnia cor	ooration no	o. 🗆 F	EIN	
Withholding Agent (Payer)   Contact person   Address (number and street)   PMB to	Che	eck one box:	Form 592-B attached for 6	each recipient.   F	orm 592-B information	on attached list.							
Contact person   Contact person   Contact person   PMB no.     PMB no.		Form 592-B inform	nation on enclosed magnet	tic media. See separa	e instructions for Form	s 592, 592-A, and 592-	-B. C	Daytime t	telephon	e number			
Address (number and street)    Politic co.					0	ontact person	(	)					
State   ZIP Code (or equivalent)	1101	no or withinolating t	290m (payor)			omasi porosii							
Part II Type of Income Subject to Withholding (Check only one, Use separate forms if more than one.)    Psyment to Independent Contractor   Rents or Royalties   Estate Distributions   Trust Distributions   Distributions to Demosaler Normalident Partners/Members (see Section B for withholding on foreign partners/members)   Other	Add	ress (number and	street)		I						PMB	no.	
Payments for dependent Contractor   Rente or Royalisc   Estate Distributions   Tustal Distributions to Domestic Nonresident Partners/Members (see Section B for withholding on foreign partners/members)   Other.	City								State	ZIP Cod	de (or eq	uivalent)	)
Claim   Column   Co	Pa	<b>rt II</b> Type of I	ncome Subject to With	holding (Check only	y one. Use separate	forms if more than c	one.)						
Enter number of Forms 592-B for the type of income checked above 1 Total amount of California source income subject to withholding 2 Total amount of California source income subject to withholding 2 Total prior payments for the above calendar year  (a) Date (b) Amount (c) Date (d) Amount (e) Date (f) Amount (f) Amount (f) Date (f) Amount (f) Date (f) D				-			s/memhers)	□ Oth	ner				
2 Total amount of California source income subject to withholding 2 3 Total withholding due	1									1			
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Add	Iress (number and	street)		I						PMB no.		
City	1			State ZIP Cod	de (or equiva	lent)		Daytime te	ephone	number		
_	T. M.			D				](	)			
		held – Foreign Nonresid							4	□ Vaa	□ No	
		or members foreign (no of Forms 592-B for foreign	•									
		source taxable income al	•									
	a Noncorpora	te foreign nonresident pa	rtners or memb	ers \$		x	%		3a_			
	<b>b</b> Corporate for	oreign nonresident partne	ers or members				%					
	•	ks and financial institutio	•				%					
	• .	rtners' or members' with	•	•					4 _			
5		of foreign partners' or m	1			1	I					
	(a) Date	(b) Amount	(c) Date	(d) Amour	nt	(e) Date	(f) Amount					
	Total		Total			Total						
	Column (b)		Column (d)			Column (f)						
		for the taxable year. Add t		, ,	. ,	. ,						
		d from prior year's withh										
		. Add line 5 and line 6 ubtract line 7 from line 4 a							7 _			
8		Attach a check or money o										
							. 8					
	Board." Write the partnership's or LLC's FEIN and "Form 592" on the check or money order 8  Mail Form 592 to the FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.											
9	Overpayment.	f line 7 is more than line 4	1, subtract line 4	from line 7 and 6	enter the re	sult here	9					
10	Enter the amou	nt of line 9 you want <b>credi</b>	ted to next year	's Form 592			10					
11	Refund Subtra	ct line 10 from line 9 and (	enter the result l	nere			11					
		held by Another Entity or										
		of additional Forms 592-B			redit. The o	redit must be	e allocated to all part	ners				
	or members, w	hether residents or nonre	sidents of Califo	ornia according t	to their inte	rests in the a	above partnership or	LLC	12			
13		vithheld by another entity	-	•								
	-	B from the withholding e		-			•		40			
_		only the net flow throug	n amount						13			
	rt IV Perjury Sterneral Perjury Sterneral Perjury Sterner	Statement rjury, I declare that I have ex	ramined this retur	n including accom	npanving scl	nedules and st	tatements, and to the b	est of my kno	wledge	and belief it	is true	
		Declaration of preparer (ot								,	,	
Nar	ne and title of with	holding agent, partner of par	tnership, or memb	Signatu	Signature of withholding agent (payer)  Date							
					_							
Nar	ne and title of prep	arer other than withholding a	agent, partner, or i	member	Signatu	ire of preparer	other than withholding	agent (payer)	D	ate		
		J	•		-		ŭ	,				
Address of preparer (if different from the address shown above)					Email address of preparer							
(	)											
Day	Daytime telephone number					SSN/FEIN/PTIN of preparer						